

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

September 25, 2017

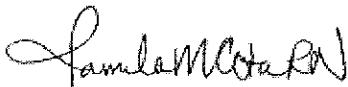
Ms. Betsy Hutchinson, Manager
Second Spring South
118 Clark Road
Williamstown, VT 05679-9449

Dear Ms. Hutchinson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on August 14, 2017. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



SEP 07 2017

PRINTED: 08/24/2017
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0386	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/14/2017
NAME OF PROVIDER OR SUPPLIER SECOND SPRING SOUTH		STREET ADDRESS, CITY, STATE, ZIP CODE 118 CLARK ROAD WILLIAMSTOWN, VT 05679	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
R100	Initial Comments: An unannounced, on-site investigation of a complaint and a self reported event was conducted by the Division of Licensing and Protection on 08/14/2017. The following issue was identified:	R100	Please find the attached Documents.
R164 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents This REQUIREMENT is not met as evidenced by: Based on medical record review, staff interviews and a review of the residential care home's medication administration policy, the home failed to assure that a registered nurse delegated the responsibility for the administration of specific medications to designated staff for designated residents. The specifics are detailed below: Per interview with the director of the Residential Care Home (RCH), the home failed to assure that the Registered Nurse (RN) who conducted the medication delegation to unlicensed staff was the nurse who continued to be responsible for their oversight, and failed to assure proper delegation of unlicensed staff. Documentation and interviews confirm that the original nurse provided the instruction for medication administration	R164	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

B11 (X6) DATE

STATE FORM

6899

18GJ41

If continuation sheet 1 of 2

R164 POC accepted 9/18/17 Gobleman/PME

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0386	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/14/2017
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R164	Continued From page 1 between 10/2016 to 6/29/2017. When s/he left on 6/29/2017, the part time nurses did not redo the medication delegation in order to assume responsibility for the unlicensed staff. The unlicensed staff have no authority to give medication unless delegated by a current RN, since the delegation of the former RN does not continue when the RN leaves employment. The director confirms, during interview that between 6/29 and 8/14/2017 no nurse has been designated as responsible for medication administration by unlicensed staff. The medication administration packet does not contain evidence that each med technician was instructed in each medication for each resident. This is also confirmed during interview with the director.	R164			

Collaborative Solutions Corporation

Second Spring South Plan of Correction

Complaint Investigation

08-14-17

Addendum

Deficiency and Corrective Action	How Monitored	Person Responsible	Completion Date
<p>1. 1. V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on medical record review, staff interviews and a review of the residential care home's medication administration policy, the home failed to assure that a registered nurse delegated the responsibility for the administration of specific medications to designated staff for designated residents. The specifics are detailed below:</p> <p>Per interview with the director of the Residential Care Home (RCH), the home failed to assure that the Registered Nurse (RN) who conducted the medication delegation to the unlicensed staff was the nurse who continued to be responsible for their oversight, and failed to assure proper delegation of the unlicensed staff. Documentation and interviews confirm that the original nurse provided the instruction for medication administration between 10/20/16 to 6/29/17. When s/he left on 6/29/17, the part time nurses did not redo the</p>	<p>The medication delegation process, materials, and documentation will be reviewed monthly.</p>	<p>Nurse Manager or designee.</p>	<p>9/15/17</p>

2.	medication delegation in order to assume responsibility for the unlicensed staff. The unlicensed staff have no authority to give medication unless delegated by a current RN, since the delegation of the former RN does not continue when the RN leaves employment. The director confirms, during interview that between 6/29 and 8/14/2017 no nurse has been designated as responsible for medication administration by unlicensed staff. The medication administration packet does not contain evidence that each med technician was instructed in each medication for each resident. This is also confirmed during interview with the director.			
3.				

Collaborative Solutions Corporation
Second Spring Williamstown
Community Recovery Residence

Medication Change!

Resident: _____ Date of Change: _____

Medication Order: _____

Possible Side Effects of Medication: _____

Nurse signature: _____

By signing this form you are acknowledging that you have read, are aware of, and are comfortable with the medications prescribed to this resident and assume knowledge of indication(s) for use and side effects associated with all medications, including PRN's.
